

2154

PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/703,856-Conf. #3720
	Filing Date	November 1, 2000
	First Named Inventor	Darryl Black
	Art Unit	2154
	Examiner Name	W. T. Lin
Total Number of Pages in This Submission	Attorney Docket Number	105984-0790

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	NUTTER MCCLENNEN & FISH LLP	
Signature		
Printed name	Reza Mollaaghababa	
Date	Dec. 3, 2004	Reg. No. 43,810

Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: December 3, 2004	Signature: (Reza Mollaaghababa)



PTO/SB/17 (11-04)
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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$587.00

Complete if Known

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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order
☐ Deposit Account ☐ None

Deposit Account Number 141449

Deposit Account Name Nutter McClennen & Fish LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
Subtotal (1) \$			0.00

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims 40 - 20 or HP = 1 x 9.00 = 9.00
HP= highest number of total claims paid for, if greater than 20

Indep. Claims 5 - 3 or HP = 2 x 44 = 88.00
HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$)

Subtotal (2) \$ 97.00

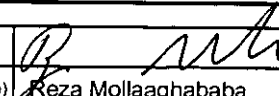
3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	490.00
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. Fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	

Other:

Subtotal (3) \$ 490.00

SUBMITTED BY

Signature  Registration No. 43,810 Telephone (617) 439-2000
Name (Print/Type) Reza Mollaaghababa Date Dec. 3, 2004

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